

Exhibit 10

SEA MAR COMMUNITY HEALTH CENTERS

REFERRAL DEPARTMENT

TITLE: Documentation to Accompany the Referral
NUMBER: 2000.305

POLICY

It is the policy of Sea Mar Community Health Centers that all Referral requests submitted to the Referral Department meets Milliman/Optimum Care Guidelines and Medical Policy 300.0162 criteria. In addition, they must be accompanied with appropriate documentation to justify and facilitate the effective and efficient transference of patient care to the specialist. This documentation is determined by the provider.

POLICY STATEMENT

1. It is the provider's discretion what will be used in deciding what chart notes, labs, and other documentation needs to be sent with the referral. This decision should be noted in the space provided on the specific prompts. Specialists may also request that certain things be sent or that certain tests be performed prior to their consultation.
2. Sea Mar providers have access to a website sponsored by CHPW that lists what tests to do prior to referring the patient to a particular specialty for a particular diagnosis. This is called the Milliman/Optimum Care guidelines. The information collected from specialist focus groups will be used as the standard expectation, unless Sea Mar providers have had communication from their local specialists as to their particular preferences.
3. Some Specialist requires that their referral form be completed. For these specialists the provider shall complete the specialist form and have it scanned into medical records.
4. It is expected that all PCP's and Locums adhere to the following expectations of Sea Mar prior to ordering a referral:
 - a. Milliman Care and Optimum Care Guidelines are to be followed prior to doing a referral unless it is an Emergency or an Exception Form has been processed.
 - b. As the PCP, we are required by our community specialist to do the work up on our pts. The goal is have what the specialist needs to make a diagnosis and recommend treatment back to the clinic on the first visit.
 - c. For Example: Labs, EKG, Stress test, echocardiograms, colonoscopy, Upper or Lower GI's, Holter Monitor, etc.
 - d. As often as possible, we want to have the specialist evaluate and recommend treatment, so our pts, only have to deal with one system, Sea mar.

Effective Date: September 1, 2004

Approved By: Director of Utilization Management Department

Source: Utilization Management/Review Manager

Revision Date: October 1st, 2008

Exhibit 11

SeaMar Community Health Centers

PO Box 34703 Seattle WA 98124
Tel: (206) 764-3335 Fax: (206) 764-0489

ACCOUNT INQUIRY

Account# 793180

Guarantor Information:

Alisha Briggs
PO Box 121
Hoquiam, WA 98550

Patient Information:

Patient# 793180

Alisha Briggs
PO Box 121
Hoquiam, WA 98550

Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient
04/25/2012	5912350	FAIRPENN	\$100.00		0	Alisha Briggs
Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated
OSMD	OSMD	Sys04/25/2012cb0001	Updated		04/26/2012	Alisha Briggs
Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date
5912350	STOKTHEI			5912350	CHPW	04/26/2012
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS
04/25/2012	99213		Office Outpt Est	728.85	Spasm, muscle	MEDICAL
Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient
05/07/2012	6179620	FAIRPENN	\$100.00		0	Alisha Briggs
Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated
OSMD	OSMD	Sys05/08/2012cb0001	Updated		05/09/2012	Alisha Briggs

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media	
6179620	STOKTHE		6179620	CHPW		05/09/2012	Electronic	
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
05/07/2012	99213	Office Outpt Est	728.85	Spasm, muscle	MEDICAL	1.00	\$100.00	
Service Date	Voucher#	Provider		Diag4	Description		Age	Patient
05/15/2012	6545160	FAIRPENN					0	Alisha Briggs
Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt
OSMD	OSMD	SYS05/15/2012cb001	Updated		05/16/2012	Alisha Briggs		\$15.00
Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Void Batch#	Date Voided
6545160	STOKTHE		6545160	CHPW		05/16/2012		Electronic
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
05/15/2012	99213	Office Outpt Est	724.3	Sciatica	MEDICAL	1.00	\$100.00	
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
05/15/2012	36415	Colj Ven Bld Vnpnrxr	724.3	Sciatica	LAB	1.00	\$18.00	
Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age	Patient
06/07/2012	7236700	FAIRPENN					0	Alisha Briggs
Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt
OSMD	OSMD	Iag05/08/2012cb001	Updated		06/08/2012	Alisha Briggs		\$15.00
Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media	Electronic
7236700	STOKTHE		7236700	CHPW		06/11/2012		
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
06/07/2012	99214	Office Outpt Est	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$150.00	
Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age	Patient

0 Alisha Briggs

\$75.00

FAIRPENN

07/06/2012

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		Iag07/09/2012cb0001	Updated	07/10/2012	Alisha Briggs	\$15.00	\$15.00			
Claim#	Bill Media	Billing Prov		Local Use Text	Orig Voucher#		Orig Payor		Orig Bill Date			Orig Media
			STOKTHE]	7291010			CHPW		07/10/2012			Electronic

Dates of Service	Procedure	Mods	Description	Diag1	Description		TOS	Units	Fee Amt
07/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS		MEDICAL	1.00	\$75.00
Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age	Patient	

Dates of Service	Procedure	Mods	Description	Diag1	Description		TOS	Units	Fee Amt
07/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS		MEDICAL	1.00	\$75.00
Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age	Patient	
08/06/2012	9036730		FAIRPENN	\$75.00					0 Alisha Briggs

Dates of Service	Procedure	Mods	Description	Diag1	Description		TOS	Units	Fee Amt
08/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS		MEDICAL	1.00	\$75.00
Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age	Patient	
09/06/2012	9062810		FAIRPENN	\$75.00					0 Alisha Briggs

Dates of Service	Procedure	Mods	Description	Diag1	Description		TOS	Units	Fee Amt
09/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS		MEDICAL	1.00	\$75.00
Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age	Patient	

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	RCP10/05/2012CBQ001	Updated	10/08/2012	Alisha Briggs	\$0.00		\$0.00				
Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payer	Orig Bill Date	Orig Media					
10752230	STOKTHE			10752230	CHPW	10/08/2012	Electronic					
Service Date	Dates of Service	Procedure	Mod	Description	Diag1	Description			TOS	Units	Fee Amt	
10/03/2012	99214	Office Outpt Est		344.60	Syndrome, cauda equina NOS		MEDICAL	1.00			\$150.00	
					Diag2	Description	Diag3	Description	Diag4	Description		
						Hypopotassemia						
					Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age Patient
					10/18/2012	11380660	FAIRPENN					0 Alisha Briggs
Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	NBO10/23/2012CBQ001	Updated	10/24/2012	Alisha Briggs	\$15.00		\$0.00				
Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payer	Orig Bill Date	Orig Media					
11380660	STOKTHE			11380660	CHPW	10/24/2012	Electronic					
Service Date	Dates of Service	Procedure	Mod	Description	Diag1	Description			TOS	Units	Fee Amt	
10/18/2012	99213	Office Outpt Est		344.60	Syndrome, cauda equina NOS		MEDICAL	1.00			\$100.00	
					Diag2	Description	Diag3	Description	Diag4	Description		
						V64.09	Vactn not done NEC					
					Service Date	Voucher#	Provider		Chg Amt	Billed Date		Age Patient
					11/01/2012	11533100	FAIRPENN					0 Alisha Briggs
Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	MRJ11/05/2012CBQ001	Updated	11/06/2012	Alisha Briggs	\$0.00		\$0.00				
Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payer	Orig Bill Date	Orig Media					
11533100	STOKTHE			11533100	AMGR HO	11/06/2012	Electronic					

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
11/01/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$75.00